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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <b>107070715</b>	FILING DATE		
							APPLICANT(S)			
							<b>76/4 CLAIMS</b>			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/		/		51			
2		/		/		/	52			
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50							100			
TOTAL IND.	7		7		4		TOTAL IND.			
TOTAL DEP.	10		10		18		TOTAL DEP.			
TOTAL CLAIMS	17		17		22		TOTAL CLAIMS			

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\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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